

FAMILY FINANCIAL STATEMENT

DS 1235 (Rev. 12/99)

THE INFORMATION ON THIS STATEMENT WILL BE CONFIDENTIAL

PLEASE READ BEFORE COMPLETING THIS STATEMENT— Sections 4677 and 4782 of the Welfare and Institutions Code require parents of children under 18 years of age to pay a parental fee ***based on their ability to pay.*** Information provided will help this Department determine your ability to pay and assess the proper level of payment. Parental fees will be deposited into the Program Development Fund and used to provide new programs for persons with developmental disabilities.

<input type="checkbox"/> INITIAL DETERMINATION				<input type="checkbox"/> REDETERMINATION				Date	
Regional Center						Regional Center Number		Unique Client Identifier (UCI) Number	
Client's Name						Birth Date		Social Security Number	
Name and Telephone Number of Placement Facility								Date Placed	
YOUR PERSONAL DATA			(circle one) FATHER or STEPFATHER			(circle one) MOTHER or STEPMOTHER			
Name (First, Initial, Last)									
Social Security Number									
Date of Birth									
Place of Birth			(City/State)		(Zip Code)	(City/State)		(Zip Code)	
Military Service (if applicable)			(Branch)			(Branch)			
Serial Number									
Dates of Service									
YOUR HOME ADDRESS			(If parents live at same address — enter under father's name)						
Street Address or Box Number									
City									
State and Zip Code					(Zip Code)			(Zip Code)	
Home Phone			(Area Code) ()			(Area Code) ()			
YOUR JOB			Check box if applicable: <input type="checkbox"/> Unemployed <input type="checkbox"/> Deceased <input type="checkbox"/> Disabled <input type="checkbox"/> Retired			Check box if applicable: <input type="checkbox"/> Unemployed <input type="checkbox"/> Deceased <input type="checkbox"/> Disabled <input type="checkbox"/> Retired			
Position or Occupation									
Employer or Firm Name									
Street Address or Box Number									
City									
State and Zip Code					(Zip Code)			(Zip Code)	
Business Phone			(Area Code) ()			(Area Code) ()			
GRANDPARENT'S DATA			(If parents live at same address -- enter under father's name)						
Street Address or Box Number									
City									
State and Zip Code					(Zip Code)			(Zip Code)	
Home Phone			(Area Code) ()			(Area Code) ()			

Please report **GROSS** Income. Gross Income means your actual income before **any** deductions.

YOUR FAMILY INCOME	FATHER or STEPFATHER	MOTHER or STEPMOTHER	CLIENT
Report Gross Income by Source	Monthly or Annual	Monthly or Annual	Monthly or Annual
1. Salary or Wages			
2. Self-Employed Income *			
3. Net Income from Rental/Property *			
4. Dividends and Interest			
5. Retirement Income			
6. Social Security Payee _____			
7. VA Benefits/Compensation Payee _____			
8. Child Support Payments Child's Name _____ Payee _____			
9. Disability or Unemployment (circle one) Income/Public Aid—AFDC			
10. Other Income Describe _____			
11. TOTAL GROSS INCOME			

* If any or all of your Gross Annual Family Income is from self-employment or rental property, please attach copy of the last *U.S. Individual Income Tax Return (Form 1040)* and all schedules and attachments filed with the Internal Revenue Service.

ANNUAL AMOUNTS

12. CLIENT'S MEDICAL EXPENSE:	\$ _____
13. CLIENT'S PORTION OF HEALTH/DENTAL INSURANCE POLICY PREMIUM — Do not include Life Insurance premiums:	\$ _____
14. CLIENT'S CLOTHING EXPENSE:	\$ _____
15. CLIENT'S PERSONAL NEEDS AND INCIDENTALS — Annual amounts paid from gross family income for personal needs and incidentals for the child with developmental disabilities:	\$ _____
16. CLIENT'S RECREATION AND ENTERTAINMENT—Annual amount paid from gross family income for recreation and entertainment for the client:	\$ _____
17. TRANSPORTATION EXPENSE — Reasonable transportation expenses incurred by parents to visit a child with developmental disabilities. Use 21 cents per mile to compute amount claimed or actual costs for bus or air fare:	
TOTAL MILEAGE CLAIMED _____	\$ _____
18. MAJOR UNUSUAL EXPENSE — <u>Must be documented</u> and approved by the Department of Developmental Services. Examples: natural disaster, catastrophic uninsured loss, extreme medical expense, etc.:	\$ _____
19. CHILD SUPPORT OR ALIMONY PAID — A copy of the final divorce decree showing the amount of alimony or child support must be provided:	\$ _____

NUMBER OF FAMILY MEMBERS DEPENDENT ON TOTAL GROSS INCOME — Include the client:

I declare that I have examined this statement and to the best of my knowledge and belief, it is true, correct, and complete.

 _____
Father or Stepfather's Signature Date

 _____
Mother or Stepmother's Signature Date